Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None

Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: MOPHEAD AND CLEANING IMPLEMENT

Attorney Docket Number:: 3011-1005

Request for Early Publication?:: No Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 6

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

| Applicant Informa | ation | | | |
|-------------------------------|-------------------|----------------|--------|--------|
| Applicant Authority Type:: | | Inventor | | |
| Primary Citizenship Country:: | | UNITED KINGDOM | | |
| Status:: | | Full Capacity | | |
| Given Name:: | | RONALD | | |
| Middle Name:: | | ALEXANDER | | |
| Family Name:: | | YOUNG | | |
| Name Suffix:: | | | | |
| City of Residence:: | | WEST MIDLANDS | | |
| State or Province | e of | | | |
| Residence:: | | | | |
| Country of Residence:: | | UNITED KINGDOM | | |
| Street of Mailing | g 95 MUS | HROOM GREEN | | |
| Address:: DUDLEY WOOD | | | | |
| City of Mailing Address:: | | WEST MIDLANDS | | |
| State or Province | e of Mailing Addr | ess:: | | |
| Country of Mailin | ng Address:: | UNITED KINGDOM | | |
| Postal or Zip Coo | de of Mailing Add | ress:: DY2 OEE | | |
| | | | | |
| Correspondence In | nformation | | | |
| Correspondence Customer | | 000466 | | |
| Number:: | | | | |
| | | | | |
| Representative In | nformation | | | |
| Representative Customer | | 000466 | | |
| Number:: | | | | |
| <u> </u> | | | | , |
| Domestic Priority | y Information | | | |
| Application:: | Continuity | Parent | Parent | Filing |
| | Type:: | Application:: | Date:: | |
| | | | | |

Foreign Priority Information

| Country:: | Application | Filing Date:: | Priority |
|-----------|-------------|---------------|-----------|
| | Number:: | | Claimed:: |
| | | | |
| | | | |

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::